LESSON PLAN

TOPIC: **Patient Flow Process - Nurse Triage**

Learning Objective(s):

1. Explain the relationship between demand management and nurse triage
2. Describe the concept of nurse triage
1. Definition of nurse triage
    - ❑ Telephone triage
    - ❑ Walk-in triage
2. Define types of nurse triage
3. Explain the basic concept of operations for nurse triage
4. Briefly explain hours of operation
5. Briefly outline resource requirements
    - ❑ Discuss documentation of encounters
    - ❑ Discuss training requirements
6. Explain the use of care extender protocols
    - ❑ Define care extender protocols
    - ❑ Present examples of care extender protocols

TOPIC: Triage Lecture And Scenarios

Learning Objective(s):
1. Explain the concept of operations for nurse triage
2. Discuss the AAACN Standards for Telephone Triage
3. Define hours of operation
4. Identify available resources
5. Present examples of nursing based protocol
6. Describe pertinent aspects of training and documentation
7. Discuss training requirements
8. Discuss measures of success
9. Triage scenarios

TOPIC: Nurse Triage Flowcharting & Mtf Specific Implementation Plan
Learning Objective(s):
1. Describe access options
2. Define the right level of care
3. Flowchart triage process
4. Apply the process

TIME	OUTLINE	TEACHING METHOD
5 min.	**INTRODUCTION** **Attention:** **Motivation:** **Overview: Three most important things:** 1. Ensuring patient gets to the right level of care, right time 2. Customize the triage function within the MTF's capability 3. Integrating nurse triage into the clinic function	
Day 1	**BODY**	This portion is will primarily

1 HR 20 MIN.	I. Explain the relationship between demand management and nurse triage II. Describe the concept of nurse triage A. Definition of nurse triage: Nurse triage is a dynamic process of collecting information. It is a process involving rank ordering of the patients' health problems according to the urgency of a health problem, educating and advising callers about self care, and making safe effective judgments to ensure patients' receive the right level of care at the right time. B. Define types of nurse triage: 1. Telephone: a. Centralized: 1) Performing triage for all clinic areas in one location by one triage team 2) A dispersed team of Triage Nurses that can handle any or all triage calls that come through the triage line b. Decentralized: 1) Triage function is performed by individuals within a specific clinic 2) Triage function is divided up by different populations such as Adults, Children under 10 years old, Flyers, or OB patients 2. Walk-in: Patient presenting to clinic is triaged to right level of care C. Explain the basic concept of operations for nurse triage 1. Hours of operation: a) Limited in-house triage – Triage is performed by staff in-house during duty hours b) 24 hr triage capability – Triage is performed by staff 24 hours a day 2. Resource requirements to consider: Each requirement will be facility specific depending on population requirements, Wing Leadership, Manpower/personnel resources, time frame when triage will be performed, PCM provider on-call capability, computer systems, communications systems, furniture, facility, space, budget considerations 3. Documentation of encounters: a) Medical/legal requirements 1) Documenting all health care advice given on SF 600 or another approved outpatient medical record form 2) Maintaining Telephone Logs for at least 2 years 3) Providers co-signing all Advice and Emergency Room Referrals (If	be lecture with a slide presentation. Specific highlights are noted in this column as well as specific teaching aids. KEY: Standardization is facility/AF standard vs. clinic specific standard All clinics share responsibility of covering the Triage Function for both 1) and 2) 1. Clinic owns resources 2. All clinics follow same standard for documenting, for protocols, for audits, etc. May be seen at a later time After hours handled by contracted service like Health Care Information Line or TLCs in some of the Middle regions The Triage function is handled by the local's staff 24 hours a day with no contract service usage. Discussed with the Regional Medical Legal Consultant at Keesler AFB. Do not need to document on

	Emergency Room is a civilian referral) b) Medical record - All encounters not ending up in an appointment will be documented by other means in medical record (Telephone Consult, SF 600 etc) c) Computer 1) Documenting in CHCS 2) ADS/KG-ADS a) Monthly audits/Quality Reviews b) Introduce briefly AAACN Standards accepted by JCAHO, since their standards do not specifically address triage d) Provider Oversight 4. Training requirements: a) 2-4 week orientation based on skill level of triage personnel, triage competencies b) Recommendations: Strong clinical background (prefer at least 2-5 years medical-surgical or emergency room experience minimum), good communication skills, good clinical decision making skills. III. Explain the use of care extender protocols A. Define care extender protocols: 1. Care extender: Medical paraprofessional and professional that support the credentialed provider in patient care 2. Protocols: a) Medically approved standing orders for specific conditions/complaints/diagnosis b) Clinical practice guidelines (evidence based) adopted for use in the clinic to improve overall efficiency and optimize patient/provider encounter time. B. Present examples of care extender protocols: Document patient contact (MTF/provider specific) **TOPIC**: Triage Lecture And Small Group Practice I. Explain the concept of operations for nurse triage A. Discuss the AAACN Standards for Telephone Triage B. Define hours of operation: 1. Limited in-house triage – Triage is performed by staff in-house during duty hours 2. 24 hr triage capability – Triage is	a medical record form if encounter is triaged to an appointment. Show examples of SF 600s or other documentation forms Must maintain logs that document triage encounter, in the event there is a future question as to the disposition of that patient. Show examples of Triage Logs. CHCS-Standardized appointments types to make it measurable and standard throughout AF Still evolving, but it is possible to do clinic shred outs of MERPS Codes to allow for separate accounting for the Triage function and would allow for some of the triage encounters to be workload count. Introduce the American Academy of Ambulatory Care Nursing (AAACN) "Telephone Nursing Practice Administration and Practice Standards" Discuss/ examples for this audience not required 1. Good clinical decision making is key 2. At least 2 years of nursing experience (It

	performed by staff 24 hours a day 3. Contract health advice/triage nurse C. Identify resource requirements: 1. Manpower: a) RN vs. LPN (Use of LPNs in Triage is dependent upon the individual state board approval where the base is located. If LPNs are used, RN oversight is required) 1) Based on population health model for PCM enrollment 1,500 patients =.5 (46N) 2) Centralized vs. de-centralized-- If the triage is de-centralized, will need to factor in the excess workload of triage into the particular PCM and consider adding one additional RN. This may not be possible, so consideration as to sharing the workload by rotating staff, a portion of nurses on the line during peak demand, etc. 3) If centralized, identify the available resources that you could use to deliver safe RN triage for the concept of operations your facility establishes. b) Technicians - Utilize for booking appointments, inputting logs into CHCS etc. 2. Computer a) Systems requirement - at a minimum a CHCS terminal for each person at the phone they are using b) PCs necessary if automated triage program is considered or computerized reference programs are on computer 3. Communications systems: a) Automatic Call Distribution with Audio-attendant - allows for a phone menu to distribute calls/transfer calls much like a bank b) Sequencer c) Call messaging 4. Furniture 5. Space/facility location: proximity to clinic 6. Budget considerations: for purchase of supplies, triage protocols, printer paper, repro cost, etc. D. Present examples of nursing based protocol: Approval by Executive Medical Staff and Chief Nurse Executive	can be very individual and nurse needs to be comfortable in the job) Specific examples will be discussed in another section, but can mention the value at this point and involvement of the non-credentialed personnel Show examples: i.e. UTI, Sore Throat. Preg. Test, BP Checks, Depo Shots, B12 Shots, etc. Recommend one copy be purchased for each facility in attendance. Distribute now or have in nurse's folders. CAUTION: Could lose control of your access. Dual standard for triage, due to the protocols they use and the protocols accepted in the facility. POINT TO EMPHASIZE: Be specific with state boards. LPNs will used approved protocols to make decisions concerning level of care and it the encounter exceed scope of practice, the RN will continue the encounter.
Day 2 **2 HRS**		

	E. Describe pertinent aspects of documentation: Medical/legal requirements, computer, monthly audits a) Medical/legal requirements 1) Documenting all health care advice given on SF 600 or another approved outpatient medical record form (Brief review from previous lecture) a. If it is not documented, the encounter did not occur or advice was not given b. The rules of engagement for patient encounters on-site and via the telephone are the same c. Must document s/s accurately with all other pertinent information for the encounter to include but not limited to: medications, allergies, treatment tried, brief medical hx, recurrent problem, protocol used, resource used, advice given, disposition, follow-up if, patient education, RN signature and provider co-signature d. Consider patient privacy/consent to treatment (consider age of patient) e. Patient's right to challenge care (never argue with patient), bring them in for an appt. with provider if dissatisfied with process. - 1. Have provider re-enforce your - decision making skills to patient to help market the program. 1) Maintaining Telephone Logs for at least 2 years 2) Providers co-signing all Advice and Emergency Room Referrals (If Emergency Room is a civilian referral) b) Medical record - All encounters not ending up in an appointment will be documented by other means in medical record (Telephone Consult, SF 600 etc) c) Computer 1) Documenting in CHCS - WHY??	Show diagrams to explain different phone systems 1. Show examples of acceptable protocols such as Lovelace, Wooke, Lippincott, Barton Schmidt, etc 2. Show example of approval letter for signatures Discussed with the Regional Medical Legal Consultant at Keesler AFB. Do not need to document on a medical record form if encounter is triaged to an appointment. Show examples of SF 600s or other documentation forms

	2) Appointment types for documentation of Triage in CHCS ■ TAC = Triaged to Acute Appt. ■ TROU=Triaged to Routine Appt ■ TAV=Triaged to Self Care Advice ■ TCON=Either initiated or completed a telephone consult ■ TEMR=Triaged to Emergency Room ■ PTED=Patient Education Encounter 2) ADS/KG-ADS - Not an immediate consideration, but long term consider (KG-ADS is new and is coming on line. It is a paperless form of ADS) a) Monthly audits/Quality Reviews 1) Discuss briefly AAACN Standards and items to include in audit. a) Review audit form (SHAWs) b) Provider Oversight F. Discuss training requirements 1) Requirements/Considerations a) Good communication skills b) Good clinical decision making skills c) Must review all facility policies associated with triage program d) Become familiar with protocols and how to successfully navigate them. Additional resources such as drug references /formularies/laboratory diagnostics, poison control info etc. come in handy. e) Must posses the knowledge of how to activate the local 911 system (everyplace is different) f) Telephone use how to contact on-call provide g) Schooled on CHCS (booking appts, registration menus, ordering labs, lab results, pt. education material, patient medication profiles, etc.) h) Consider live phone call orientation with "Y"	Must maintain logs that document triage encounter, in the event there is a future question as to the disposition of that patient. Show examples of Triage Logs. Standardizing Appt types will allow the triage data throughout the AF to be pulled and measured. May help to drive additional future manning to support the triage function.

	headsets. These can allow orientee to listen to seasoned triage nurse to learn techniques. This headset will allow periodic quality checks of conversations with patients and triage encounters i) Know medical/legal limitations 1) Provider staff is a huge resource as a GO TO for input when uncertainties arise. 2) If ever uncertain or the protocol is not clear, bring the patient in. 2. Two to four week orientation based on skill level or triage personnel 3. Triage competencies: 4. Periodic task evals: Ensures compliance with standards/protocols G. Discuss measures of success: 1. Recommended metrics: Number triaged to self-care, volume of calls taken, talk time, pt satisfaction, daily logs with time of call and call back, follow-up calls for triage (24-48 hrs for Emergency room referrals by triage nurse where there is no in-house ER; 48-72 hr call for self-care advice) H. Triage Planning Session in Small Groups **TOPIC**: Nurse Triage Flowcharting & Mtf Specific Implementation Plan **Learning Objective(s)**: I. Describe access options A. Define the right level of care B. Flowchart process 1. Define emergent, same day, routine, preventative, and telephone consult 2. Develop flowcharts that are facility specific for emergent, same day, routine, preventative, and telephone consult C. Apply the process develop a plan	Still evolving, but it is possible to do clinic shred outs of MERPS Codes to allow for separate accounting for the Triage function and would allow for some of the triage encounters to be workload count. Show example of Audit form Show picture or headset

Day 4 **1HR** **30** **MINS**		Distribute examples of Training Plans and orientation checklists Example of competencies Example of Task Evals Distribute flowchart examples
5 MIN	**CONCLUSION** **Summary:**	

	Remotivation: **Closure:**	